

Exhibit 19—Error Modification to Correct Error in Effective Date

This modification corrects an error in a previous modification. The modification must be accompanied by evidence of error.

MODIFICATION NO. _____

TO _____ STATE SOCIAL SECURITY AGREEMENT

The Commissioner of Social Security and the State of _____, acting through its representative designated to administer its responsibilities under the agreement of (*date original agreement executed*), hereby agree to change the effective date to be as of (*correct effective date*), for the following political subdivision instead of as specified in Modification No. ____ to the agreement.

Hunt School District

The purpose of this modification is to correct an error which occurred during the preparation of Modification No. _____, and to conform the effective date to the date specified by Hunt School District in its agreement with the State of _____.

Approved for the State of _____ this ____ day of _____, 20____.

(Name/Title of Designated State Official)

Approved this ____ day of _____, 20____.

Commissioner of Social Security

By: _____
Regional Commissioner
Social Security Administration